

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number

10/522 870

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

U.S. NATIONAL STAGE FEES			
BASIC FEE		SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE		Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE		U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.		minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	20	minus 20 = *	
INDEPENDENT CLAIMS	3	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE

OR
OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE		OR BASIC FEE	300
EXAM. FEE		EXAM. FEE	200
SEARCH FEE		SEARCH FEE	400
X \$ 125 =		X \$ 250 =	
X \$ 25 =		OR X \$ 50 =	
X \$ 100 =		OR X \$ 200 =	
+ \$ 180 =		OR + \$ 360 =	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT	Minus		=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

SMALL ENTITY

OR
OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		OR X \$ 50 =	
X \$ 100 =		OR X \$ 200 =	
+ \$ 180 =		OR + \$ 360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

AMENDMENT B			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	CLAIMS REMAINING AFTER AMENDMENT	Minus		=
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>

RATE ADDITIONAL FEE

RATE ADDITIONAL FEE

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X \$ 25 =		OR X \$ 50 =	
X \$ 100 =		OR X \$ 200 =	
+ \$ 180 =		OR + \$ 360 =	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request:	2 Serial/Patent #	10/522,870	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
			6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
✓	Other <i>Search Fee</i>	1-26-05	\$ 100.00
		7 TOTAL AMOUNT OF REFUND	\$ 100.00
8 TO BE REFUNDED BY:			
		Treasury Check	
Overpayment		Credit Deposit A/C #:	
Duplicate Payment		, 50--1891	
No Fee Due (Explanation):		<i>Fee Code Correction</i>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>			
SIGNATURE: <u>BAC</u>			
OFFICE: <u>PCT/DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____ DATE: _____			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B